

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

CLAIM FOR TUITION REIMBURSEMENT

[Should be completed after taking course(s)]

Please submit this form to the Training and Cultural Competency Bureau with Parts I and II completed. Attach a copy of: (1) proof of payment of all course fees; and (2) evidence of having attained a grade of "C" or better in the course.

PART I TO BE COMPLETED BY APPLICANT

Name: _____ Employee No. _____

Program: _____ Title _____

Course No.: _____

Course Title: _____

School: _____

Course Dates: _____

Number of Units: _____ Type of Unit: semester _____ quarter _____ other (specify) _____

Fees: _____

Amount to be reimbursed: \$ _____

I request reimbursement of fees that I paid for the above course. I understand that if I terminate my employment with the County of Los Angeles within one year after the completion of this course, I shall be required to return the full amount of reimbursement to the Department of Mental Health.

I certify that I am not eligible for reimbursement under any other government program.

Signature of Employee_____
Date**PART II TO BE COMPLETED BY DISTRICT/DIVISION CHIEF**

I recommend that this employee's claim be approved for reimbursement based upon: (1) proof of payment of all course fees; and (2) evidence of having attained a grade of "C" or better in the course.

Signature of District/Division Chief_____
Date**PART III TO BE COMPLETED BY TRAINING AND CULTURAL COMPETENCY BUREAU**

Claim is _____ approved _____ not approved for reimbursement

Justification: _____

Signature of Division Chief_____
Date